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Based on PTO/SB/05
OMB 0651-0032
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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorne	y Docket No.	11-231		
First In	ventor or Applic	MAKINO et al.	<u> </u>	
Title	SEMICOND	UCTOR PRES	LOW-PASS FILTER A SURE SENSOR ATING THE FILTER	JS. P. DIV

(Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b))	Expre	ess Mail Label No.								
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application co	Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, VA 22313-1450									
☐ Continuation ☐ Divisional ☐ Continuation-in-p. Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entir	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. X Assignment Papers (cover sheet & document(s))									
under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
17. COR		ENCE ADDRESS								
➤ Customer Number or Bar Code Label (Insert Customer Customer)	100 ttach bar code label here) or □ Correspondence address below									
Name										
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City Country	State Telephone	Zip Code								
	(703) 707-9110 Fax (703) 707-9112									
Name (Print/type) DAVID G. POSZ	Registration No. (Attorney/Agent) 37,701									
Signature	Date March 4 2004									

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March 4, 2004

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11-231

	Complete if Known						
FEE TRANSMITTAL	Application Number						
	Filing Date	March 4, 2004					
for FY 2004	First Named Inventor	MAKINO et al.					
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name						
Applicant Claims small entity status. See 37 CFR 1 27	Art Unit						

Attorney Docket No.

TOTAL AMOUNT OF PAYMENT

Signature

TOTAL AMOUNT OF PAYMENT (\$) 810 Attorney Docket No. 11-231																
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)											
X Check Credit card Money Order None				3. ADDITIONAL FEES Large Entity Small Entity												
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1004 77	70 20	004 3	85 F	Reissue	filing fee		1403	290	2403	145	Reques	st for oral hearin	ng			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						1501	1,330	2501	665	Utility is	ssue fee (or reis	sue)				
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